

CBFS

Community Based Flexible Supports



2017 Stakeholder Engagement Sessions

Service Accountability and Movement Workgroup
& Model Development and System Integration Workgroup
Workgroup Debrief | 3/29/2017

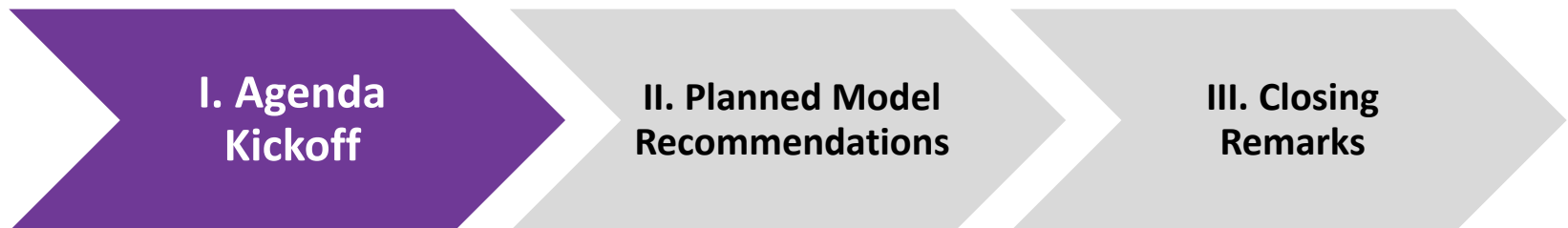
Agenda

I. Agenda Kickoff

- Welcome
- Today's Goals
- Recap

II. Planned Model Recommendations

III. Closing Remarks



I. Agenda Kickoff: Today's Goals



1

Recap key feedback and strategies from each workgroup as it pertains to the Planned Model

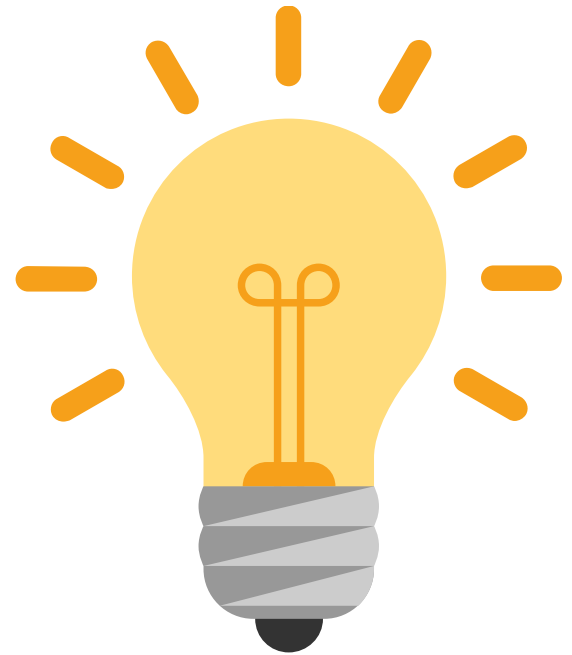
2

Identify additional strategies and metrics needed to achieve the goals of the Planned Model


I. Agenda Kickoff: Today's Goals

Consideration for this Session

- What other strategies, goals, standards, or metrics can you identify that should be incorporated into the Planned Model?



I. Agenda Kickoff: Recap

#	Service Accountability Topics	Model Development Topics
1	Orientation	
2	Utilization Review Process	The Age Continuum
3	Enrollee Engagement	Enrollee Engagement
4	Utilization Review in the Rehab and Treatment Model	Rehabilitation and Treatment
5	Accountability and Integration	Changes in Care Coordination Model
6	Measurable Targets & Benchmarks	Integration and Alignment
 7	Debrief for Both Workgroups	

I. Agenda Kickoff: Recap 3/24/17

- Person-centered goals are identified by Enrollee and Planned Model Team and reflected in treatment plan. DMH will monitor through utilization review.
- DMH will develop metrics and benchmarks of system performance.



II. DMH Measures and Benchmarks

Proposed Measures for Planned Model:

Engagement

- Initial
- Sustained
- At risk populations (e.g. homeless, forensic involvement, substance use)

Community Tenure

- Critical Time Interventions

Movement and Successful Transition

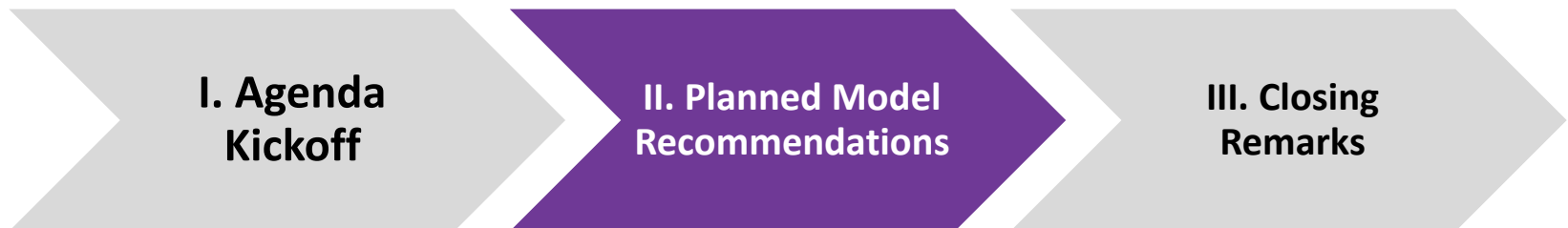
- GLEs
- Independent Housing
- Successful Completion of Service

Recovery and Person Experience

- Consumer Satisfaction

II. Planned Model & Recommendations

Key Takeaways and Workgroup Feedback



II. Planned Model Recommendations

CBFS is transitioning to a new model providing focused clinical and rehabilitative interventions, including residential treatment.

- Services will be delivered by an integrated team that is inclusive of a range of peer supports with clinical accountability.
- The Model will leverage and align with care coordination functions and employment services to optimize service delivery.

Key commentary provided by workgroups supporting the Planned Model has been identified and will be considered for planning purposes.

II. Core Services in Planned Model

Current Services	Planned Services
<p>Rehabilitation Activities</p> <ul style="list-style-type: none"> • Interventions designed to promote recovery • Informal supportive counseling and problem solving • Social and recreational skill training • Face-to-face crisis intervention • Medication training <p>Other Services</p> <ul style="list-style-type: none"> • Supervision • Housing – Room and Board • Co-occurring mental illness and substance disorders • Peer support <p>Employment Services</p> <ul style="list-style-type: none"> • Pre-vocational services that are not job specific • Job Placement • Ongoing job support • Referral to and collaboration with employment services (MRC, Clubhouse) 	<p>Clinical and Rehabilitative Interventions</p> <ul style="list-style-type: none"> • Engagement strategies including motivational interviewing • Evidence-based practices to promote problem solving & skill development (CBT, DBT, Housing First, Trauma Informed, IMR, WRAP etc.) • Critical time interventions • Social and recreational skill training • Face to face crisis interventions in collaboration with care management entity • Medication training in collaboration with care management entity • Addiction treatment and recovery coaching • Peer support integrated in team model • Family engagement and support • Referral to and collaboration with all available employment services • Residential Treatment • Skill development to prepare for, seek and maintain employment

II. Planned Model Recommendations

Core Services

Key Takeaway

- Planned Model focused on engagement strategies and rehabilitative interventions informed by evidence-based and best practices.
- Group living provides active residential treatment.
- Planned model responsible for treatment planning and rehabilitative interventions to support employment while leveraging all available employment services.

Workgroup Feedback

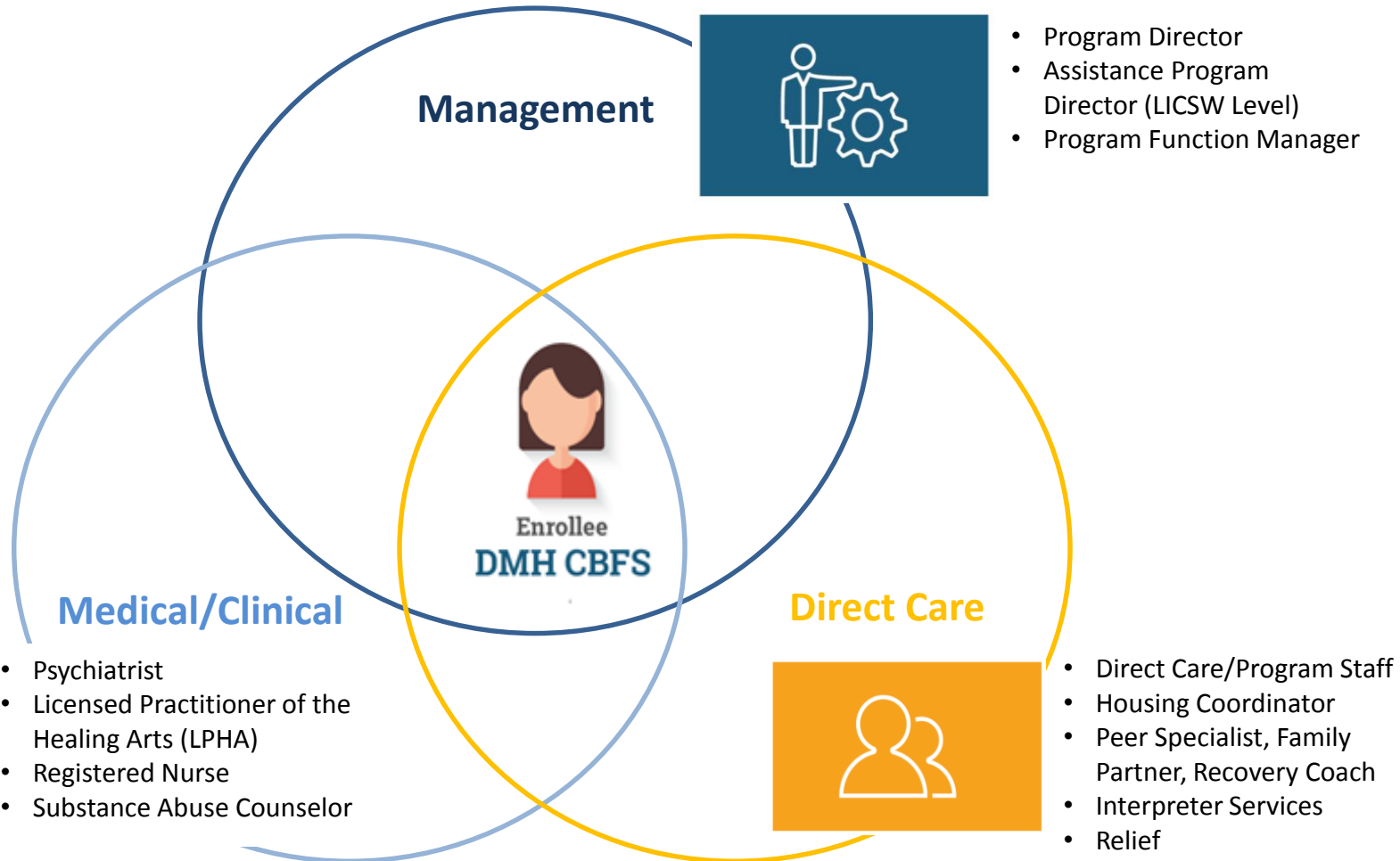
- Consider adjustments to form set and Rehab Options guidance to ensure assessment and treatment planning supports engagement.
- Establish critical time interventions following hospitalization, ED visit, criminal justice encounter.
- Ensure that residential treatment is focused on building skills for community living and consider establishing length of stay criteria.
- Strengthen relationships with employment services to provide 'warm hand-off' and continued collaboration as person seeks, obtains and maintains employment.

II. Planned Model Recommendations

Core Services & the Age Continuum

	Key Takeaway	<ul style="list-style-type: none">• There is a population shift in the service as new enrollees are younger now than in previous years.• Majority of older adults in the service have received services for DMH for significant period of time.	
	Workgroup Feedback	<ul style="list-style-type: none">• Maintain flexibility to address needs across age continuum and ensure that interventions and settings (including residential treatment) are age appropriate.• Consider quality of life needs, including health and wellness needs, at all ages.• Ensure engagement strategies and rehabilitative interventions that are responsive to the needs of Young Adults.• Address needs of Older Adults who are “aging in place”.	

II. Integrated Team Approach



II. Planned Model Recommendations

Integrated Team Model

Key Takeaway

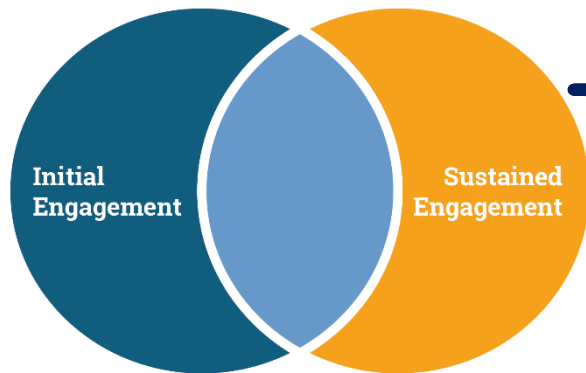
- An integrated team approach will provide clinical accountability and continuity in relationships to ensure enrollee needs are met.
- Interventions will be delivered by clinical staff, direct care staff and staff in peer roles consistent with the treatment plan

Workgroup Feedback

- Address workforce challenges, including staff turnover, supervision, training and self-care (separate workforce session planned).
- Peer staff integrated in team model while ensuring integrity of role; expand peer roles to include recovery coaches and family support
- Assess that team is trained in evidence-based and best practices and delivers interventions in accordance with these practices

II. Engagement

Workgroup Definitions



Initial Engagement

Developing trust, instilling hope, identifying roles and initial goals, supporting transition and addressing immediate needs.

Sustained Engagement

Building and supporting a recovery process with hope and engagement within one's world and life with a balance of independence and interdependence.

II. Planned Model Recommendations

Enrollee Engagement

Key Takeaway	<ul style="list-style-type: none">• Strengthen engagement strategies to facilitate initial and sustained engagement and facilitate a full, meaningful life within the community.
Workgroup Feedback	<ul style="list-style-type: none">• Adapt strategies for diverse populations and populations identified as more difficult to engage: substance use, homeless, forensic involvement• Recognize dissatisfaction as a way to fuel change.• Leverage peer staff for expertise in engagement.• Rapid response (especially for Young Adults); address immediate needs• Encourage ‘positive’ dis-engagement as enrollee builds a meaningful life• Provide written materials to inform enrollees (and families) about service; look to CBHI materials as model

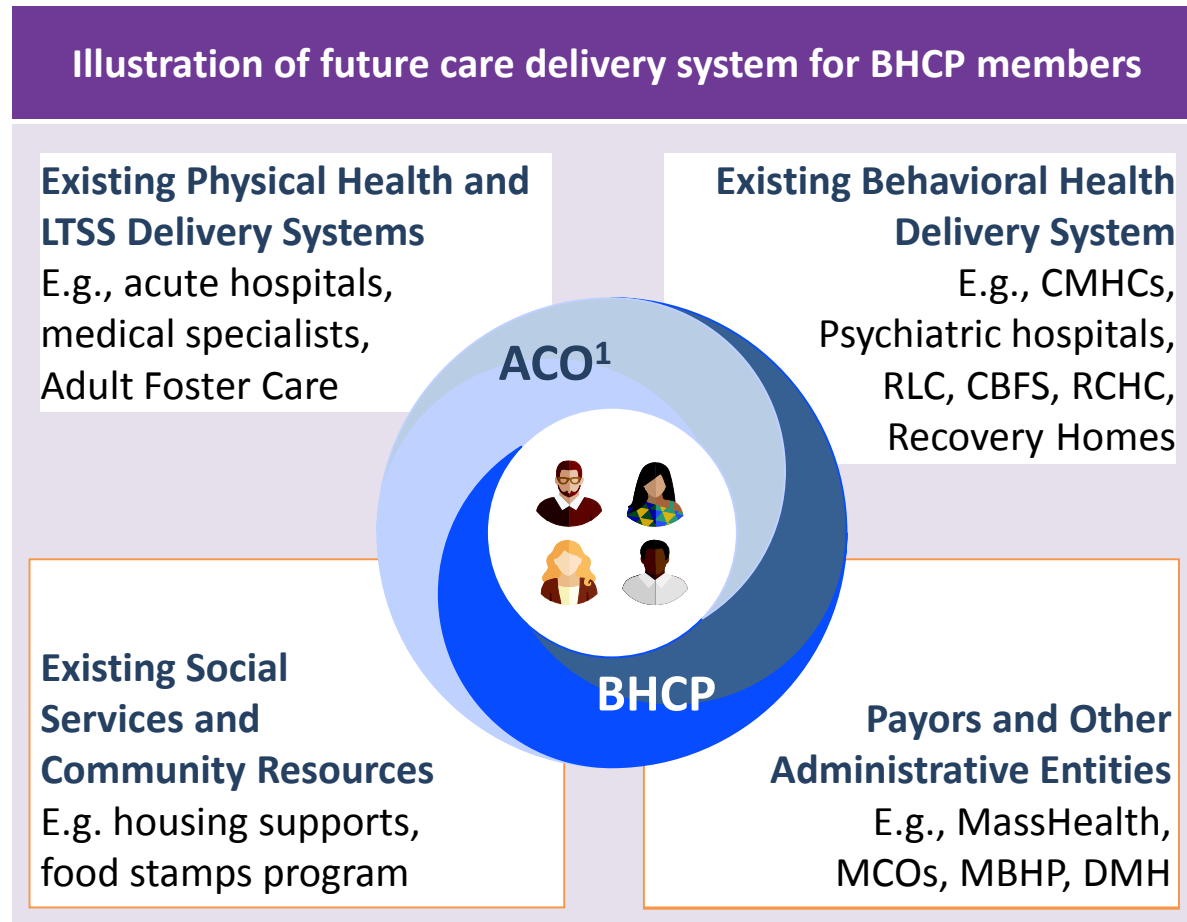
II. Planned Model Recommendations

Family Engagement

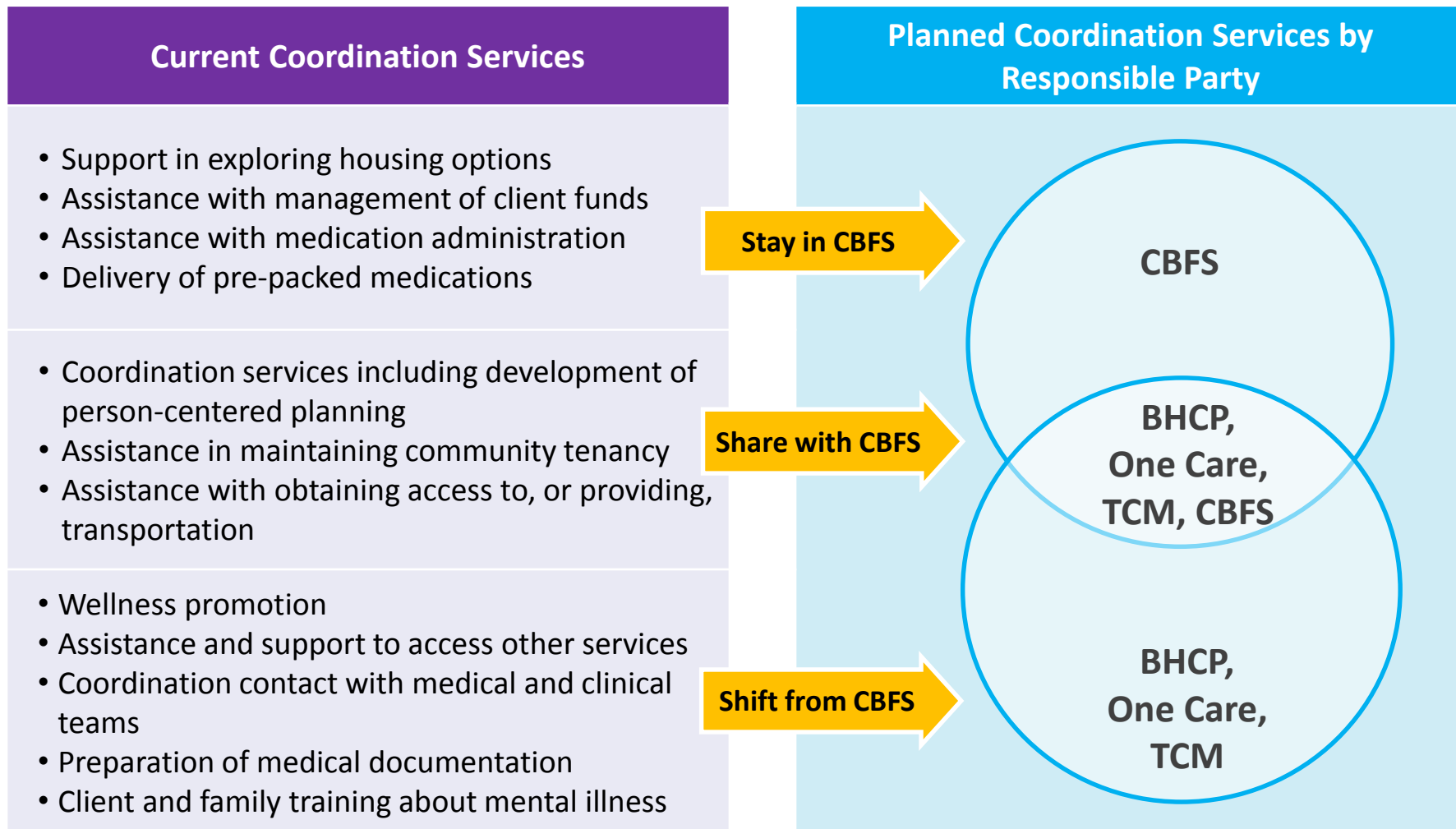
	Key Takeaway	<ul style="list-style-type: none">Families as asset and support for an enrollee over the course of their treatment.	
	Workgroup Feedback	<ul style="list-style-type: none">Family engagement starts with enrollee consent and includes preference for how and when to involve family.Family engagement as part of recovery process; re-visit interest in involving family periodically.Make general family support and education available (even when enrollee chooses not to involve family in treatment).	

II. CBFS: The Planned Model

How do ACOs and BHCPs relate to the process?



II. CBFS: The Planned Model



II. Planned Model Recommendations

Accountability and Integration

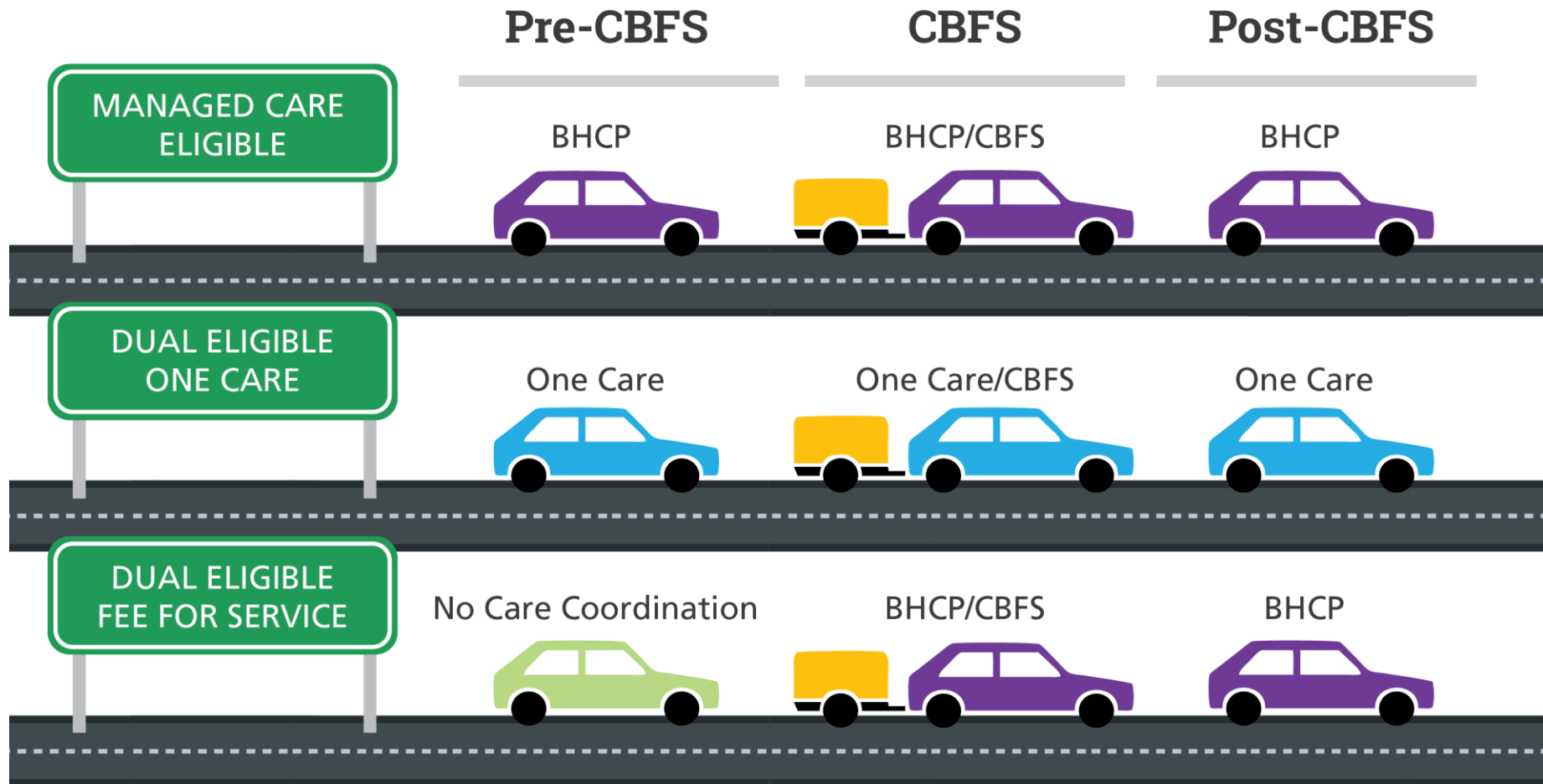
Key Takeaway

- Clarify roles of BH CPs and new Planned Model.
- Preserve enrollee relationships with preexisting providers or care coordination entities.

Workgroup Feedback

- Identify “lead” for enrollee and family members to communicate.
- Develop protocols that define processes and roles (look to CBHI as an example).
- Provide oversight to ensure that protocols are followed and gaps in treatment do not occur.
- Align assessment and treatment planning processes when possible (timelines, sharing of information).
- Ensure that Planned Model collaborates with employment services as enrollee seeks, obtains and maintains employment.

II. CBFS: The Planned Model



II. Planned Model Recommendations

Movement Toward Recovery and Transition from Service

Key Takeaway

- DMH will use utilization review strategies to ensure services align with enrollee needs and identify enrollees ready to transition to lower intensity services.
- Continuity of care coordination function as enrollee transitions from Planned Model

Workgroup Feedback

- Support enrollee to achieve independence and interdependence on natural supports – less reliance on service system
- Ensure sufficient transition/warm-hand off from Planned Model and pathway back to services if needed.
- Measure and address barriers to movement

II. Planned Model Recommendations

CBFS

Will be accountable for providing clinical and rehabilitative interventions to support community tenure and recovery.

Care
Coordination
Entity

Accountable for coordinating care and bridging gaps in health care delivery system, including medical and behavioral health.

DMH and
MassHealth

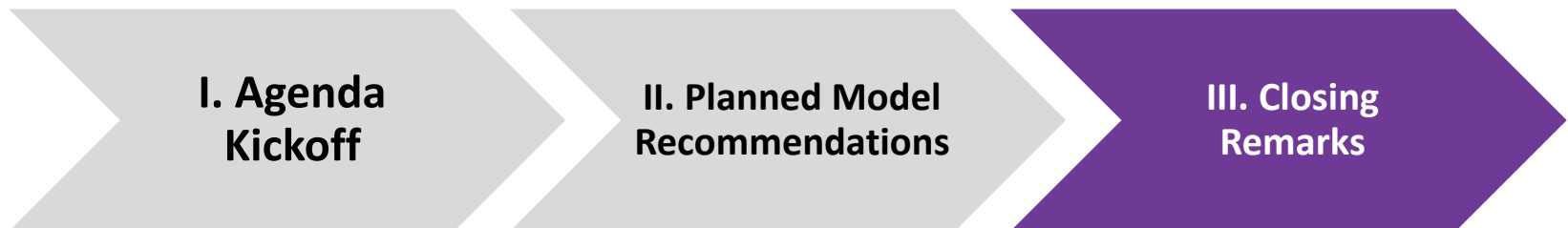
Will develop operational guidelines addressing collaboration between CBFS and care coordination entity, including critical time interventions and data exchange.

II. Planned Model Next Steps



- Incorporate workgroup feedback into procurement planning.
- Collaborate with EOHHS to establish rate for Planned Model.
- Develop implementation plan and operational guidelines, including utilization review, data collection and contract monitoring.
- Work with MassHealth to establish clear roles and accountability between BH CPs and Planned Model.

III. Closing Remarks



III. Closing Remarks

Additional Stakeholder Session on Workforce Development Scheduled for April 12, 2017

- Debrief of Today's Meeting
- Outstanding Questions
- Next Meeting:
Westborough State Hospital
Hadley Building (Rodriguez Auditorium)
167 Lyman St, Westborough MA 01581
Date: Wednesday, April 12, 2017
Time: 1:00 P.M. – 3:00 P.M.

April 2017				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
27	28	29 Worcester	30	31
03	04	12	13	14
10	11	12 DMH Hadley	13	14
17	18	19	20	21
24	25	26	27	28